



PART B - FEE(S) TRANSMITTAL

DEC 18 2009

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12/18/2009 CCHAU2 00000084 033125 10521978

01 FC:1501 1510.00 OP
02 FC:1504 300.00 OP
03 FC:8001 APPLICATION \$5.00 PA FILING DATE

Paul Teng (Depositor's name)
Paul Teng (Signature)
December 15, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,978	01/21/2005	Akiko Shinohara	1141/73755	6910

TITLE OF INVENTION: MEDICAL IMAGE DIAGNOSIS APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/16/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LARYEA, LAWRENCE N		3768	600-411000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HITACHI MEDICAL CORPORATION

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ Advance Order - # of Copies (5)

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Paul Teng*

Date December 15, 2009

Typed or printed name Paul Teng

Registration No. 40,837

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